

CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 01/08)

1 CIR/DIST / DIV CODE D. Mass.	2 PERSON REPRESENTED Scott Fink	VOUCHER NUMBER		
3 MAG DKT /DEF. NUMBER 03-10361-RWZ		4. DIST. DKT/DEF. NUMBER 03-10361-RWZ	5 APPEALS DKT /DEF NUMBER	6. OTHER DKT NUMBER
7. IN CASE/MATTER OF (Case Name) US v. Scott Fink		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10 REPRESENTATION TYPE (See Instructions) Appeal
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense 21 USC 846, conspiracy to possess with intent to distribute cocaine				
REQUEST AND AUTHORIZATION FOR TRANSCRIPT				
12 PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) Appeal to First Circuit				
13 PROCEEDING TO BE TRANSCRIBED (Describe specifically) NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14) Re-sentencing on May 22, 2008				
14 SPECIAL AUTHORIZATIONS				
A Apportioned Cost % of transcript with (Give case name and defendant)				JUDGE'S INITIALS
B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited				
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions				
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.				
15 ATTORNEY'S STATEMENT		16 COURT ORDER		
<p>As the attorney for the person represented who is managing above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.</p> <p> Signature of Attorney</p> <p>Charles W. Rankin Printed Name</p> <p>Telephone Number: (617) 720-0011</p> <p><input checked="" type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization</p>		<p>Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted</p> <p>_____ Signature of Presiding Judge or By Order of the Court</p> <p>_____ Date of Order Nunc Pro Tunc Date</p>		
CLAIM FOR SERVICES				
17 COURT REPORTER/TRANSCRIBER STATUS		18 PAYEE'S NAME AND MAILING ADDRESS		
<input checked="" type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other		Catherine A. Handel, 1 Courthouse Way, Room 5205, Boston, MA 02210		
19 SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE		Telephone Number: (617) 261-0555		
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO OF PAGES	RATE PER PAGE	SUB-TOTAL
Original				\$0.00
Copy				\$0.00
Expense (Itemize)				
TOTAL AMOUNT CLAIMED:				\$0.00
21 CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED				
I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services				
Signature of Claimant/Payee		Date		
ATTORNEY CERTIFICATION				
22 CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received.				
Signature of Attorney or Clerk		Date		
APPROVED FOR PAYMENT — COURT USE ONLY				
23 APPROVED FOR PAYMENT		24 AMOUNT APPROVED		
Signature of Judge or Clerk of Court		Date		